Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II TYPE OR SMAI RATE FEE RATE BASIC FEE 355.00 OR X\$18 X40= OR TOTAL OR TOTAL OR TOTAL OTH | 710.00 |
|--|------------------------|
| FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II * OTH | 710.00 |
| FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II BASIC FEE 355.00 CR BASIC FEE 355.00 CR X\$18 X40= OR X80= TOTAL OR TOTAL OTH | |
| INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OR X80= X40= OR X80= OR X80= OR TOTAL OR TOTAL OTH | |
| MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II **TOTAL | _ |
| * If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II **OR** **OTAL** **OTAL** OR** OTHER OTH | _ |
| * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTH | _ |
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| (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL | L ENTITY |
| CLAIMS REMAINING AFTER AMENDMENT Total Total Minus *** Minus *** NUMBER PRESENT EXTRA PRESENT EXTRA | ADDI- TIONAL FEE |
| Total * Minus ** = X\$ 9= OR X\$18 | : |
| Independent * Minus *** = X40= OR X80 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270 | |
| TOTAL OR ADDIT, FEE OR ADDIT, FEE | |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. F | :E |
| CLAIMS HIGHEST ASSI | ADDI- TIONAL FEE |
| | |
| Total * Minus ** = X\$ 9= OR X\$18 | |
| Independent * Minus *** = X40= OR X80 | |
| Total * Minus ** = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270 TOTAL OP TO | aL |
| +135= OR +270 | aL |
| HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | AL ADDI- |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | AL ADDI-TIONAL FEE |
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| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | AL ADDI-TIONAL FEE |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | AL ADDITIONAL FEE |